



1999

## CLIENT PROFILE P. E.

- This information is confidential.
- Fill out this form before your session.
- Enter a check (✓) in the box next to the answer you choose.
- All of your answers are important, but if you do not want to answer a question, just skip it and go on to the next.
- Please give this form to your counselor.
- Thank you for your help!

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Yr

1. You are: ☐ Mother ☐ Father ☐ Other (*Please describe*)

2. A. What is the purpose of today's session?

- A.1 ☐ To make a custody plan  
☐ To change a custody plan  
☐ Not here to work on custody  
☐ Other (*Please describe*)

AND

- A.2 ☐ To make a visitation plan  
☐ To change a visitation plan  
☐ Not here to work on visitation  
☐ Other (*Please describe*)

B. What kind of physical and/or legal custody arrangements do you hope to have?

B.1 Physical custody

AND

B.2 Legal custody

- ☐ to Mother  
☐ to Father  
☐ Joint  
☐ Different for each child  
☐ Not here to work on custody

- ☐ to Mother  
☐ to Father  
☐ Joint  
☐ Different for each child  
☐ Not here to work on custody

3. How many children under 18 do you have (from any relationship)? \_\_\_\_\_

**4. How many children under 18 do you have with the other parent involved in this session? \_\_\_\_\_**

**Please answer the following questions for each of these children.**

(If you have more than four children under 18 with the other parent, please answer below for the four oldest and use the extra page for the other children.)

|   | <b>Oldest child</b>   | <b>Second child</b>   | <b>Third child</b>  | <b>Fourth child</b>   |
|---|---|---|---|---|
| <b>A.</b><br>Birth date   | ____/____/____<br>Mo Day Year   | ____/____/____<br>Mo Day Year   | ____/____/____<br>Mo Day Year   | ____/____/____<br>Mo Day Year   |
| <b>B.</b><br>Sex  | <input type="checkbox"/> Female<br><input type="checkbox"/> Male  | <input type="checkbox"/> Female<br><input type="checkbox"/> Male  | <input type="checkbox"/> Female<br><input type="checkbox"/> Male  | <input type="checkbox"/> Female<br><input type="checkbox"/> Male  |
| <b>C.</b><br>Right now, with whom does your child live?                                       | <input type="checkbox"/> Mostly with mom<br><input type="checkbox"/> Mostly with dad<br><input type="checkbox"/> Part of the time with each parent<br><input type="checkbox"/> Other ( <i>Please describe</i> ) | <input type="checkbox"/> Mostly with mom<br><input type="checkbox"/> Mostly with dad<br><input type="checkbox"/> Part of the time with each parent<br><input type="checkbox"/> Other ( <i>Please describe</i> ) | <input type="checkbox"/> Mostly with mom<br><input type="checkbox"/> Mostly with dad<br><input type="checkbox"/> Part of the time with each parent<br><input type="checkbox"/> Other ( <i>Please describe</i> ) | <input type="checkbox"/> Mostly with mom<br><input type="checkbox"/> Mostly with dad<br><input type="checkbox"/> Part of the time with each parent<br><input type="checkbox"/> Other ( <i>Please describe</i> ) |
| <b>D.</b><br>In the past 4 weeks (28 days), how many overnights did your child stay with you? | _____ Overnights  | _____ Overnights  | _____ Overnights  | _____ Overnights  |

**5. A. How satisfied or dissatisfied do you feel about the current time arrangements for your child(ren)? (Circle one number)**

Completely  
Dissatisfied

Completely  
Satisfied

1      2      3      4      5      6      7      8      9      10

**B. Why do you feel that way?**

**6. Have any of the children listed on the previous page ever had the following: (Check “Yes” or “No”)**

(If you have more than four children under 18 with the other parent, please answer below for the four oldest and use the extra page for the other children.)

|   | <b>Oldest child</b>  | <b>Second child</b>  | <b>Third child</b>   | <b>Fourth child</b>  |
|---|--|--|--|--|
| <b>A.</b><br>A delay in growth or development   | <input type="checkbox"/> NO<br><br><input type="checkbox"/> YES - <u><b>If YES:</b></u><br>How old was he or she when the delay was first noticed?<br><br>Age ____   | <input type="checkbox"/> NO<br><br><input type="checkbox"/> YES - <u><b>If YES:</b></u><br>How old was he or she when the delay was first noticed?<br><br>Age ____   | <input type="checkbox"/> NO<br><br><input type="checkbox"/> YES - <u><b>If YES:</b></u><br>How old was he or she when the delay was first noticed?<br><br>Age ____   | <input type="checkbox"/> NO<br><br><input type="checkbox"/> YES - <u><b>If YES:</b></u><br>How old was he or she when the delay was first noticed?<br><br>Age ____   |
| <b>B.</b><br>An emotional or behavioral problem that lasted three months or more?           | <input type="checkbox"/> NO<br><br><input type="checkbox"/> YES - <u><b>If YES:</b></u><br>How old was he or she when the problem was first noticed?<br><br>Age ____   | <input type="checkbox"/> NO<br><br><input type="checkbox"/> YES - <u><b>If YES:</b></u><br>How old was he or she when the problem was first noticed?<br><br>Age ____   | <input type="checkbox"/> NO<br><br><input type="checkbox"/> YES - <u><b>If YES:</b></u><br>How old was he or she when the problem was first noticed?<br><br>Age ____   | <input type="checkbox"/> NO<br><br><input type="checkbox"/> YES - <u><b>If YES:</b></u><br>How old was he or she when the problem was first noticed?<br><br>Age ____   |
| <b>C.</b><br>A learning disability?   | <input type="checkbox"/> NO<br><br><input type="checkbox"/> YES - <u><b>If YES:</b></u><br>How old was he or she when this was first noticed?<br><br>Age ____  | <input type="checkbox"/> NO<br><br><input type="checkbox"/> YES - <u><b>If YES:</b></u><br>How old was he or she when this was first noticed?<br><br>Age ____  | <input type="checkbox"/> NO<br><br><input type="checkbox"/> YES - <u><b>If YES:</b></u><br>How old was he or she when this was first noticed?<br><br>Age ____  | <input type="checkbox"/> NO<br><br><input type="checkbox"/> YES - <u><b>If YES:</b></u><br>How old was he or she when this was first noticed?<br><br>Age ____  |
| <b>D.</b><br>Which of these words or phrases describe this child?<br>(Check all that apply) | <input type="checkbox"/> Demands a lot of attention<br><input type="checkbox"/> Easy-going<br><input type="checkbox"/> Thrill-seeking<br><input type="checkbox"/> Adjusts easily to new situations<br><input type="checkbox"/> Responsible | <input type="checkbox"/> Demands a lot of attention<br><input type="checkbox"/> Easy-going<br><input type="checkbox"/> Thrill-seeking<br><input type="checkbox"/> Adjusts easily to new situations<br><input type="checkbox"/> Responsible | <input type="checkbox"/> Demands a lot of attention<br><input type="checkbox"/> Easy-going<br><input type="checkbox"/> Thrill-seeking<br><input type="checkbox"/> Adjusts easily to new situations<br><input type="checkbox"/> Responsible | <input type="checkbox"/> Demands a lot of attention<br><input type="checkbox"/> Easy-going<br><input type="checkbox"/> Thrill-seeking<br><input type="checkbox"/> Adjusts easily to new situations<br><input type="checkbox"/> Responsible |

**7. What kinds of issues about your children are you concerned about currently? (Check all that apply)**

- |  |   |
|--|---|
| a. <input type="checkbox"/> Behavior problems    | e. <input type="checkbox"/> Child refuses to visit  |
| b. <input type="checkbox"/> Emotional adjustment | f. <input type="checkbox"/> Child safety            |
| c. <input type="checkbox"/> Medical needs        | g. <input type="checkbox"/> Other (Please describe) |
| d. <input type="checkbox"/> School problems      |   |

**8. How are things working out for your family these days?**

|   | Strongly<br><u>Agree</u>              | <u>Agree</u>                          | <u>Disagree</u>                       | Strongly<br><u>Disagree</u>           |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| A. We basically agree about our child(ren)'s needs.                 | <sub>1</sub> <input type="checkbox"/> | <sub>2</sub> <input type="checkbox"/> | <sub>3</sub> <input type="checkbox"/> | <sub>4</sub> <input type="checkbox"/> |
| B. These days, I feel angry toward the other parent.                | <sub>1</sub> <input type="checkbox"/> | <sub>2</sub> <input type="checkbox"/> | <sub>3</sub> <input type="checkbox"/> | <sub>4</sub> <input type="checkbox"/> |
| C. The other parent tries to turn our child(ren) against me.        | <sub>1</sub> <input type="checkbox"/> | <sub>2</sub> <input type="checkbox"/> | <sub>3</sub> <input type="checkbox"/> | <sub>4</sub> <input type="checkbox"/> |
| D. Our child(ren) are caught in the middle of our disagreements.    | <sub>1</sub> <input type="checkbox"/> | <sub>2</sub> <input type="checkbox"/> | <sub>3</sub> <input type="checkbox"/> | <sub>4</sub> <input type="checkbox"/> |
| E. We usually manage to work together as parents.                   | <sub>1</sub> <input type="checkbox"/> | <sub>2</sub> <input type="checkbox"/> | <sub>3</sub> <input type="checkbox"/> | <sub>4</sub> <input type="checkbox"/> |
| F. I can talk to the other parent about our child(ren).             | <sub>1</sub> <input type="checkbox"/> | <sub>2</sub> <input type="checkbox"/> | <sub>3</sub> <input type="checkbox"/> | <sub>4</sub> <input type="checkbox"/> |
| G. I feel that my children are not safe in the other parent's home. | <sub>1</sub> <input type="checkbox"/> | <sub>2</sub> <input type="checkbox"/> | <sub>3</sub> <input type="checkbox"/> | <sub>4</sub> <input type="checkbox"/> |

**9. Do you personally have an attorney representing you now?**

<sub>1</sub> ☐ Yes    <sub>0</sub> ☐ No

**10. Does the other parent have an attorney now?**

<sub>1</sub> ☐ Yes  
<sub>0</sub> ☐ No  
<sub>8</sub> ☐ Don't know

**11. What is your legal relationship to the other parent?**

<sub>1</sub> ☐ Never married to each other  
<sub>2</sub> ☐ Divorced from each other  
<sub>3</sub> ☐ Still legally married to each other

**12. Which best describes your current living situation?**

<sub>1</sub> ☐ Never lived in the same household with the other parent  
<sub>2</sub> ☐ Living in the same household with the other parent  
<sub>3</sub> ☐ Living in a different household from the other parent  
different household since: \_\_\_\_/\_\_\_\_  
Month/Year

**13. A. Who are the adults in your household? (Check all that apply)**

- ☐ No other adults  
☐ The other parent involved in this session  
☐ Other adult family member(s)  
☐ Other adult(s) – not a new spouse or partner  
☐ New spouse or partner

**B. Who are the children in your household?**

(Check all that apply)

- ☐ The children listed in Question 4  
☐ Your children from another relationship  
☐ New spouse or partner's children  
☐ Children of other adult in household

**C. Do they live in your household:**

All of the time

OR

Part of the time

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**14. How often have you talked to the other parent in the last four weeks?**

- ☐ Every day  
☐ A few times each week  
☐ About once a week  
☐ At least once in the last four weeks  
☐ No contact in the last four weeks

**15. A. How long does it usually take you to travel one way from your home to the other parent's?**

- ☐ Less than 15 minutes  
☐ 15-30 minutes  
☐ 31-60 minutes  
☐ One to two hours  
☐ More than two hours  
☐ Both parents live in the same household  
☐ Don't know

**B. Is plane travel involved?**

- ☐ Yes  
☐ No

**16. Do you hope to move in the next year?**

- ☐ No  
☐ Don't know

☐ Yes **If YES: A. Would the one way travel time from your new home to the other parent's be:**

- ☐ Shorter than now  
☐ About the same  
☐ Longer than now

**B. Will plane travel be involved?**

- ☐ Yes  
☐ No

**17. Has the court ever ordered supervised visitation for you or the other parent?**

☐ No → **Go to Question 18**

☐ Yes



**A. For which parent was supervised visitation ordered?**

☐ Mother

☐ Father

**B. Who supervised the visits?**

☐ A relative or friend (non-professional)

☐ A supervised visitation agency or center (professional)

☐ A counselor or therapist

☐ Other (*please describe*)

**18. Has there been physical violence in your relationship with the other parent?**

☐ No → **Go to Question 19**

☐ Yes



**A. When was the last time it happened?**

☐ During last 6 months

☐ 6 months to one year ago

☐ More than a year ago

**B. Have your children ever seen violence between you and the other parent?** ☐ No ☐ Yes

**C. Have any of your children ever called 911 during a violent incident?** ☐ No ☐ Yes

**D. Have any of your children ever tried to physically intervene during a violent incident?**  
☐ No ☐ Yes

**19. In your relationship with the other parent, did any of the following ever happen between the two of you?**

**IF YES: Which parent did it?**

|   | No                       | Yes                      | Mother                   | Father                   | Both                     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Use of weapon, knife, firearm  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Sexual assault   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Threats of violence  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Pushing, grabbing, shoving, throwing things, slapping, kicking, biting, or hitting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**20. Is there any kind of domestic violence restraining order in effect that prevents one parent coming near the other?**

- ☐ Application in progress
- ☐ Yes – there is a restraining order now
- ☐ No, but there has been a restraining order in the past
- ☐ No, there has never been a restraining order

**21. How concerned are you about future violence in your relationship with the other parent?**

- ☐ Very concerned
- ☐ Somewhat concerned
- ☐ Slightly concerned
- ☐ Not at all concerned

**22. Has Child Protective Services (CPS) ever investigated a report about the child(ren) covered in today's session?**

- ☐ No
- ☐ Don't know
- ☐ Yes →

**IF YES: A. Whose household did the report(s) concern?**

*(Check all that apply)*

- ☐ Mother
- ☐ Father
- ☐ Other *(Please describe)*

**B. Did they find that the child(ren) was at risk in:**

*(Check all that apply)*

- ☐ Mother's house
- ☐ Father's house
- ☐ Neither
- ☐ Other *(Please describe)*

**CONFIDENTIAL BACKGROUND INFORMATION**

23. Your birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Yr

24. What is your ethnic background? (Check all that apply)

- ☐ American Indian, Eskimo, or Aleut  
☐ Asian or Pacific Islander  
☐ Black or African-American  
☐ Hispanic or Latino  
☐ White or European-American  
☐ Other (Please specify)

25. What is the highest grade or year of formal education you completed?

- ☐ Some high school or less  
☐ High school graduation or equivalent (GED)  
☐ Some college  
☐ Associate's degree  
☐ Bachelor's degree  
☐ Graduate or professional degree

26. Are you employed right now? ☐ Yes ☐ No

27. Not including TANF (Temporary Assistance for Needy Families) or any child support you received, what is your personal current MONTHLY income after taxes from all other sources (such as your job, unemployment benefits, social security, disability, spousal support from a different marriage)?

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> None        | <input type="checkbox"/> \$700 – 799   | <input type="checkbox"/> \$1200 – 1499  |
| <input type="checkbox"/> Below \$500 | <input type="checkbox"/> \$800 – 899   | <input type="checkbox"/> \$1500 – 1999  |
| <input type="checkbox"/> \$500 – 599 | <input type="checkbox"/> \$900 – 999   | <input type="checkbox"/> \$2000 – 2999  |
| <input type="checkbox"/> \$600 – 699 | <input type="checkbox"/> \$1000 – 1199 | <input type="checkbox"/> \$3000 – 4999  |
|                                      |  | <input type="checkbox"/> \$5000 or over |

**NOTE:** *This information will not be used to determine child support.*

**Please give this form to the counselor when your enter the meeting room. Thank you!**